

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000010554

**Entity Name:** ASURION UBIF FRANCHISE, LLC

**Current Principal Place of Business:**

648 GRASSMERE PARK  
SUITE 100  
NASHVILLE, TN 37211

**FILED**  
**Feb 18, 2020**  
**Secretary of State**  
**5782730760CC**

**Current Mailing Address:**

648 GRASSMERE PARK  
SUITE 100  
NASHVILLE, TN 37211 US

**FEI Number:** 84-3089460

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, CEO, MANAGER  
Name            DETTER, ROGER A.  
Address        160 BOVET RD.  
                  SUITE 402  
City-State-Zip: SAN MATEO CA 94402

Title            SVP, CFO, MANAGER  
Name            STOREY, JOHN A.  
Address        648 GRASSMERE PARK  
                  SUITE 100  
City-State-Zip: NASHVILLE TN 37211

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN A. STOREY

**SVP, CFO, MANAGER**

**02/18/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date